

2005 CBT 302 Orthopedic Injuries KING COUNTY EMERGENCY MEDICAL SERVICES (9/28/04) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		EMS #		DATE	
<b>Objective:</b> Given a partner, appropriate equipment and a patient with an orthopedic injury, demonstrate appropriate assessment and treatment as outlined in CBT 302 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> Not Sick
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat (implied/actual) <input type="checkbox"/> Reassures and calms patient <input type="checkbox"/> Determines patient's chief complaint and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation <input type="checkbox"/> Obtains names/dosages of current medications					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate <b>medical / trauma exam</b> — exposes/checks for additional bleeding and/or injuries <input type="checkbox"/> Assesses circulation, motor and sensory ( <b>CMS</b> ) before and after wound care/splinting (as indicated) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes <b>impression</b> (R/O) <input type="checkbox"/> Determines if <b>ALS is needed</b> — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Applies appropriate <b>bleeding control measures</b> to open wounds <input type="checkbox"/> <b>Stabilizes</b> fractures (if indicated) <input type="checkbox"/> Applies <b>dressings/bandage</b> to wound <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> <input type="checkbox"/> Determines/applies appropriate splinting technique				<b>CRITICAL (FAIL) CRITERIA</b> <b>DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>BSI</b> <input type="checkbox"/> Appropriately provides/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)	
<input type="checkbox"/> Properly <b>positions patient</b> <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK) <input type="checkbox"/> <b>Monitors</b> patient vital signs <input type="checkbox"/> Considers <b>IOS</b> <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Glucometry/oximetry <input type="checkbox"/> _____ (additional)					
COMMUNICATION AND DOCUMENTATION				RECERTIFY	
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVALUATOR SIGN YOUR NAME				EMS #	
				IF NO EXPLAIN	

CBT 302 Orthopedic Injuries

Student name

Recert Yes No Date

Written Score

(online / other)



2005 CBT 385 Environmental Emergencies KING COUNTY EMERGENCY MEDICAL SERVICES (9/23/04) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		EMS #		DATE	
<b>Objective:</b> Given a partner, appropriate equipment and an environmental emergency, demonstrate appropriate assessment and treatment as outlined in CBT 385 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> Not Sick
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat (implied/actual) <input type="checkbox"/> Reassures and calms patient <input type="checkbox"/> Determines patient's chief complaint and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation (bystanders if needed) <input type="checkbox"/> Obtains names/dosages of current medications					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents <b>baseline vital signs</b> (includes body temperature as indicated) <input type="checkbox"/> Performs appropriate <b>medical / trauma exam</b> — exposes/checks for bleeding and/or injuries <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes <b>impression</b> (R/O) <input type="checkbox"/> Determines if <b>ALS is needed</b> — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Confirms <b>scene security</b> <input type="checkbox"/> Removes patient to safe location (if indicated) <input type="checkbox"/> Determines need for <b>Decon</b> <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> <input type="checkbox"/> Considers/uses <b>EpiPen</b> appropriately <input type="checkbox"/> Properly <b>positions patient</b>			<input type="checkbox"/> Initiates steps to prevent heat loss and/or to warm patient <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK) <input type="checkbox"/> <b>Monitors</b> patient vital signs <input type="checkbox"/> Considers <b>IOS</b> <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Glucometry/oximetry <input type="checkbox"/> _____ (additional)		
			<b>CRITICAL (FAIL) CRITERIA</b>  <b>DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>BSI</b> <input type="checkbox"/> Appropriately provides/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)		
COMMUNICATION AND DOCUMENTATION			RECERTIFY		
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			EMS #		
			IF NO EXPLAIN		



2005 CBT 425 Respiratory Emergencies KING COUNTY EMERGENCY MEDICAL SERVICES (9/23/04) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME	PRINT STUDENT'S NAME		EMS #	DATE	
<b>Objective:</b> Given a partner, appropriate equipment and a patient with a respiratory emergency, demonstrate appropriate assessment and treatment as outlined in CBT 425 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Body Position	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint			<input type="checkbox"/> Skin Signs		<input type="checkbox"/> Not Sick
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat (implied/actual) <input type="checkbox"/> Reassures and calms patient <input type="checkbox"/> Determines patient's chief complaint and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation <input type="checkbox"/> Obtains names/dosages of current medications					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents <b>baseline vital signs</b> and properly assesses and notes <b>breath sounds</b> <input type="checkbox"/> Performs appropriate <b>medical / trauma exam</b> — expose/examine chest (looks for retractions, asymmetry) <input type="checkbox"/> Appreciates patients body position (distressed, tripod, normal) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes <b>impression</b> (R/O) <input type="checkbox"/> Determines if <b>ALS is needed</b> — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Properly <b>positions patient</b> <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> <input type="checkbox"/> Properly <b>ventilates</b> patient with a BVM (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK) <input type="checkbox"/> Suctions airway (if indicated) <input type="checkbox"/> Assists patient with (MDI) inhaler				<b>CRITICAL (FAIL) CRITERIA</b> <b>DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>BSI</b> <input type="checkbox"/> Appropriately provides/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)	
COMMUNICATION AND DOCUMENTATION				RECERTIFY	
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVALUATOR SIGN YOUR NAME				EMS #	
				IF NO EXPLAIN	



2005 CBT 521 OB/GYN Emergencies KING COUNTY EMERGENCY MEDICAL SERVICES (9/20/04) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		EMS #		DATE	
<b>Objective:</b> Given a partner, appropriate equipment and a patient with an OB/Gyn emergency, demonstrate appropriate assessment and treatment as outlined in CBT 521 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> Not Sick
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat (implied/actual) <input type="checkbox"/> Reassures and calms patient <input type="checkbox"/> Determines patient's chief complaint and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation (determine if assault) <input type="checkbox"/> Determines history of pregnancy and prenatal care					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents <b>baseline vital signs</b> <input type="checkbox"/> Performs appropriate <b>medical / trauma exam</b> — exposes/checks for additional bleeding and/or injuries <input type="checkbox"/> Determines if delivery is imminent (performs visual exam only – notes bleeding, discharge, presentation) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes <b>impression</b> (R/O) <input type="checkbox"/> Determines if <b>ALS is needed</b> — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Places patient in <b>appropriate position</b> for condition (shock position, left lateral, delivery position) <input type="checkbox"/> Applies <b>bandage</b> to control bleeding (if needed) <input type="checkbox"/> <b>Determines/prepares</b> area for imminent delivery (if indicated) <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)				<b>CRITICAL (FAIL) CRITERIA</b> <b>DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>BSI</b> <input type="checkbox"/> Appropriately provides/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)	
COMMUNICATION AND DOCUMENTATION				RECERTIFY	
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVALUATOR SIGN YOUR NAME				EMS #	
				IF NO EXPLAIN	





2005 CBT 933 Behavioral Emergencies KING COUNTY EMERGENCY MEDICAL SERVICES (9/20/04) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		EMS #		DATE	
<b>Objective:</b> Given a partner, appropriate equipment and a patient with a behavioral emergency, demonstrate appropriate assessment and treatment as outlined in CBT 933 and EMT Patient Care Guidelines.					
<b>SCENE SIZE-UP</b> (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
<b>INITIAL ASSESSMENT</b> (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> Not Sick
<b>SUBJECTIVE</b> (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat (implied/actual) <input type="checkbox"/> Reassures and calms patient (assesses <b>potential for violence</b> ) <input type="checkbox"/> Determines patient's chief complaint and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation (i.e. suicidal) <input type="checkbox"/> Obtains names/dosages of current <b>medications</b> (abused medications, alcohol ingestion)					
<b>OBJECTIVE</b> (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents <b>baseline vital signs</b> <input type="checkbox"/> Performs appropriate <b>medical / trauma exam</b> — checks for injuries, wounds (self-inflicted, other) <input type="checkbox"/> Observes/monitors behavior (panic, agitation, depression, suicidal threats, potential for violence) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
<b>ASSESSMENT</b> (IMPRESSION)					
<input type="checkbox"/> Verbalizes <b>impression</b> (R/O) <input type="checkbox"/> Determines if <b>ALS is needed</b> — states rationale _____					
<b>PLAN</b> (TREATMENT)					
<b>GENERAL CARE</b> (Check all that apply) <input type="checkbox"/> Call for additional help – PD, FD manpower (if needed) <input type="checkbox"/> Restraints (if needed) <input type="checkbox"/> Applies <b>dressing/bandage</b> to wounds (if needed) <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (if needed) <input type="checkbox"/> Monitors the patient's behavioral and psychological changes				<b>CRITICAL (FAIL) CRITERIA</b> <b>DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>BSI</b> <input type="checkbox"/> Appropriately provides/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)	
<input type="checkbox"/> Professional approach <input type="checkbox"/> Maintains eye contact, speaks with calm, quiet voice <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK) <input type="checkbox"/> <b>Monitors</b> patient vital signs <input type="checkbox"/> Considers <b>IOS</b> <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Glucometry/oximetry <input type="checkbox"/> _____ (additional)					
<b>COMMUNICATION AND DOCUMENTATION</b>				<b>RECERTIFY</b>	
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVALUATOR SIGN YOUR NAME				EMS #	
				IF NO EXPLAIN	



<b>2005 CBT 620 Infectious Disease</b> KING COUNTY EMERGENCY MEDICAL SERVICES (10/4/04) MH		<b>INFECTIOUS DISEASE PROGRAM REVIEW</b> REQUIRED ANNUALLY FOR RECERTIFICATION	
<b>NAME</b>	<small>PRINT STUDENT'S NAME</small>	<b>EMS #</b>	<b>DATE</b>
<b>Objective:</b> To fulfill the requirements of WAC 296-305-0251 which states "All firefighter/EMTs shall be required to annually review the infectious disease information, updates, protocols, and equipment used in their department's infectious disease plan. Additional specific training requirements are outlined in WAC 296-823-12005."			
<div><input type="checkbox"/> The course CBT 620 Infectious Disease was completed and the "written" exam was completed with a score greater than 70%.</div> <div><input type="checkbox"/> The person who conducted the required review of the department's infectious disease policy is knowledgeable about the program and its contents.</div> <p><b>The review contained:</b></p> <div><input type="checkbox"/> A general explanation of the epidemiology, symptoms and transmission of infectious diseases. (covered in CBT 620)</div> <div><input type="checkbox"/> An explanation of the department's exposure control plan</div> <div><input type="checkbox"/> Information about available personal protective equipment (PPE)</div> <div><input type="checkbox"/> Information pertaining to the reporting of an exposure</div> <div><input type="checkbox"/> Information about post exposure evaluation and follow-up procedures following an exposure incident</div> <p>The review fulfills the requirements set forth in WAC 296-305-0251 and WAC 296-823-12005 (It is strongly suggested that the above WACs are reviewed to assure compliance with Washington State law.)</p>			
<b>COMMUNICATION AND DOCUMENTATION</b>		<b>RECERTIFY</b>	
<div><input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated)</div> <div><input type="checkbox"/> Completes SOAP narrative portion of incident response form</div>		<div><input type="checkbox"/> YES      <input type="checkbox"/> NO</div>	
<small>EVALUATOR SIGN YOUR NAME</small>		<small>IF NO EXPLAIN</small>	